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ACOG supports the worldwide standards for midwifery education and training set by the International Confederation of Midwives (ICM). We strongly advocate the ICM criteria as a baseline for midwifery licensure here in the United States, through legislation and regulation. Like women in other, even less developed, countries, women in **Michigan** should be guaranteed care that meets these important minimum standards for safe and high quality maternity care.

Right now, possibly as many as two-thirds of midwives who use the CPM (certified professional midwife) credential – **and who would seek licensure here in Michigan under HB 4598** – do NOT meet these education standards. Most CPMs train in one-on-one apprenticeships and self-study with no university or hospital based education. In fact, their PEP training program mentioned in page 5 of **HB 4598** does not meet US Department of Education standards and is not accredited. State licensure should serve as a reliable authority for consumers, patients and state regulators to understand and assess the quality and safety of services. To ensure safety and the best possible care for women who are pregnant, **completion of an accredited education program should be a prerequisite to licensure here in Michigan.**

The midwifery bridge certificate and USMERA.

The bridge certificate discussed in the proposed amendments to HB 4598 is a remedial education plan for midwives here in the US and **Michigan** who lack accredited education and the critical skills necessary to care for pregnant women and newborns and handle emergencies. It is being developed by the seven major US midwifery organizations. Known as USMERA, these seven have agreed that by January 2020 all new applicants for midwifery licensure must have successfully completed an accredited education (by ACME or MEAC).

The licensure proposal in HB 4598 is premature.

- It could take as many as 5 years for a midwife to complete the remedial education proposed under the midwifery bridge certificate, according to USMERA.
- As of mid-September, the midwifery bridge certificate had not yet been affirmed by all seven midwifery organizations.

In addition to accredited education, continuing education and recertification are critical.

- HB 4598 should specify minimum standards for continuing education and competency, as well as recertification. This should not be left to administrative regulation. (Sec. 17117, page 8)
- **For example, under the Maryland law passed this year**, in order to renew her license, a midwife must complete:
 - ✓ 20 accredited and approved continuing education units every 2 years,
 - ✓ 4 hours of peer review every 2 years,
 - ✓ And, submit annual patient outcome data reports.

There are safety concerns with midwives who practice outside of the hospital setting with little or no connection to the rest of the health care system.

- Planned home births are safer when care is provided as part of a collaborative delivery model in which health professionals regularly consult on patient care to maximize patient safety and positive outcomes.